

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year 1 / 15 / 15    4 / 8 / 15		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
GOTO PAGE 2			

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

15 ACCOUNT # (Ethics Commission Filers)

## **16 NOTICE FROM POLITICAL COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

## **17 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

15,145.00

## **EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

59,501.30

## **CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

79,993.34

## **OUTSTANDING LOAN TOTALS**

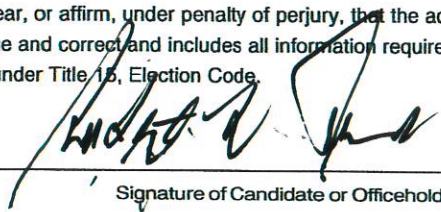
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

9,460.07

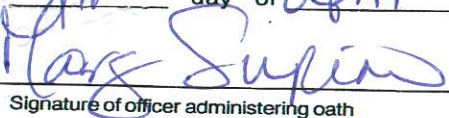
## **18 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Robert Clark, this the 9th day of April, 20 15, to certify which, witness my hand and seal of office.

  
Signature of officer administering oath

MARY SULINO City Secretary  
Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/15/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVEN + PATRICIA BROCK 6 Contributor address; City; State; Zip Code 1211 GREENBRIAR CT ARLINGTON, TX	7 Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 12/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GLENN DAY Contributor address; City; State; Zip Code 2307 WOOD CLIFF CT. ARLINGTON, TX 76012	Amount of contribution (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JERRY + ANN JACKSON Contributor address; City; State; Zip Code 4700 HIDDEN OAKS LN ARL, TX 76017	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CURTIS + SYLVIA GLEATON Contributor address; City; State; Zip Code 2716 ANTERO DR. ARL, TX 76006	Amount of contribution (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JERRY LOFTIN Contributor address; City; State; Zip Code 113 N. HOUSTON ST. FT. WORTH, TX 76102	Amount of contribution (\$) 150.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

12/15/14

GARY MARTIN

6 Contributor address; City; State; Zip Code

1,000.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

12/15/14

CLIFF MYCOSKIE

Contributor address; City; State; Zip Code

200 E. ABRAM ST  
ARL, TX 76010

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

12/15/14

LEST + LINDA COTHORN

Contributor address; City; State; Zip Code

2107 LAURA LN  
ARL, TX 76010

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

12/15/14

RUSTY O.V. &amp; TVONNE DI'SCUILLAO

Contributor address; City; State; Zip Code

1719 COUNTRY CLUB RD  
ARL, TX 76013

700.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

12/15/14

CONNER SCOTT

Contributor address; City; State; Zip Code

3211 SUMMER GROVE  
ARL, TX 76001

50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL PLEGGED CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$	
5 Date 12/15/14	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: BRENT SKILLMAN 7 Pledgor address; City; State; Zip Code 2626 SUNLIGHT DR. ARL, TX 76006	8 Amount of pledge (\$) 25.00 (If travel outside of Texas, complete Schedule T)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 12/15/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: SUE & JIM LAVENDER Pledgor address; City; State; Zip Code 3307 COUNTRY CLUB RD ARL, TX 76013	Amount of pledge (\$) 50.00 (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: BYRON & VIKANDA KALLAM Pledgor address; City; State; Zip Code 2117 N. FIELDER RD ARL, TX 76013	Amount of pledge (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: TRACE WORRELL Pledgor address; City; State; Zip Code 1100 PEBBLE CREEK RD FT WORTH, TX 76107	Amount of pledge (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12/15/14	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: TOM & MARY ANN HARRIS Pledgor address; City; State; Zip Code 2211 WINTER SUNDAY WAY ARL, TX 76012	Amount of pledge (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



~~POLITICAL~~  
**PLEGGED CONTRIBUTIONS**  
**OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule B:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$			
5 Date 12/15/14	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: B.D. ALLEN 7 Pledgor address; City; State; Zip Code 706 LOCH LOMOND ARL, TX 76012	8 Amount of pledge (\$) 100.00 (If travel outside of Texas, complete Schedule T)	9 In-kind description (if applicable)
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date 2/17/15	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: CAROL FINDLAY Pledgor address; City; State; Zip Code 1708 PORTO BELLO CT. ARL, TX 76012	Amount of pledge (\$) 300.00 (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/17/15	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: CARLOS ACOSTA Pledgor address; City; State; Zip Code 6929 CALENDER RD ARL, TX 76001	Amount of pledge (\$) 250.00 (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/17/15	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: MICHAEL & KAY SAKOWSKI Pledgor address; City; State; Zip Code 1818 O'HENRY CT. ARL, TX 76006	Amount of pledge (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/17/15	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: GLENN & SARA TROUTMAN Pledgor address; City; State; Zip Code 3600 YACHT CLUB DR ARL, TX 76016	Amount of pledge (\$) 200.00 (If travel outside of Texas, complete Schedule T)	In-kind description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

12/23/14

BEN NIX

6 Contributor address; City; State; Zip Code

4161 SHADY VALLEY DR  
ARL, TX 76013

500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/23/14

IGNACIO NUNEZ

Contributor address; City; State; Zip Code

1800 RAYDON DR.  
ARL, TX 76013

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/23/14

C CARVER

Contributor address; City; State; Zip Code

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

RETIRED

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/23/14

ANAY SOBTI

Contributor address; City; State; Zip Code

5815 BAY CLUB DR  
ARL, TX 76013

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

PHYSICIAN

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

12/23/14

CINDY FOSTER

Contributor address; City; State; Zip Code

3648 ANTARES  
ARL, TX 76016

\$1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

12/23/14

BARCLAY + MARSHA BERDAN

6 Contributor address; City; State; Zip Code

3639 ENCANT DR.  
FT. WORTH, TX 76019

100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

12/23/14

K. BAILEY

Contributor address; City; State; Zip Code

721 N. FIELDER RD  
ARLINGTON, TX 76012

250.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

1/5/15

HELEN MADDOX

Contributor address; City; State; Zip Code

3412 WOODFORD DR.  
ARL., TX

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

1/5/15

ARNOLD + KATHY PETSCHKE

Contributor address; City; State; Zip Code

2211 SHADYWOOD  
ARL., TX 76012

\$10,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

1/5/15

KATA PEACOCK

Contributor address; City; State; Zip Code

2019 CHANNING PARK DR  
ARLINGTON, TX 76013

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date  1/3/15	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>STAN AGEE</b> 6 Contributor address; City; State; Zip Code <b>501 MAIN ST. ARLINGTON, TX</b>	7 Amount of contribution (\$)  <b>500.00</b>	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date  1/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CHARLES &amp; LOU ARNOLD</b> Contributor address; City; State; Zip Code <b>1416 COUNTRY CLUB RD ARLINGTON, TX 76013</b>	Amount of contribution (\$)  <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date  1/6/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>CAROLYN CASSENBERRY</b> Contributor address; City; State; Zip Code	Amount of contribution (\$)  <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  1/5/15	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>JAMES DITTO</b> Contributor address; City; State; Zip Code <b>1813 OAK GROVE DR. ARLINGTON, TX 76013</b>	Amount of contribution (\$)  <b>100.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date  9/16/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>RANDOL J. ROSE</b> Contributor address; City; State; Zip Code <b>3416 COLLARD RD. ARLINGTON, TX 76017</b>	Amount of contribution (\$)  <b>1,000.00</b>	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:

FREESE + NICHOLS PAC

7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

6 Contributor address; City; State; Zip Code

4055 INTERNATIONAL PLAZA, 200  
FT. WORTH, TX 76109

500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

D.H. PLUMP

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

5201 HIDDEN OAK LN  
ARL, TX 76017

50.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

GEO + PATTI ANDREW

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

3817 OVERTON PARK DR. E  
FT. WORTH, TX 76109

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

MERRITT

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

PEGGY MERRITT

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

3004 IRON STONE CT.  
ARL, TX 76006

500.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>1/5/15</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>BAILEY RUFF</b> 6 Contributor address; City; State; Zip Code <b>4102 SHADY VALLEY DR. ARL, TX 76013</b>	7 Amount of contribution (\$) <b>1,000.00</b> (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		10 Employer (See Instructions)	
Date <b>12/15/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>DANNY + LINDA SMITH</b> Contributor address; City; State; Zip Code <b>1106 GREENBRIAR LN. ARL, TX 76013</b>	Amount of contribution (\$) <b>100.00</b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>12/15/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>HELEN SCHRICKEL</b> Contributor address; City; State; Zip Code <b>1304 CANTERBURY CT. ARL, TX 76013</b>	Amount of contribution (\$) <b>100.00</b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>12/15/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ROBERT + VICKI KARPER</b> Contributor address; City; State; Zip Code <b>707 PORTO FINO ARL, TX 76012</b>	Amount of contribution (\$) <b>100.00</b> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)	
Date <b>12/15/14</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>ANN + DAVID RUSSELL</b> Contributor address; City; State; Zip Code <b>ARL, TX 76012</b>	Amount of contribution (\$) <b>500.00</b> <del>150.00</del> (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor ☐ out-of-state PAC (ID#:

7 Amount of  
contribution (\$)

8 In-kind contribution  
description (if applicable)

3/18/15

JIM MAIBACH

6 Contributor address; City; State; Zip Code

1703 N. PERCO DR.  
ARL., TX 76001

500.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

3/26/15

BARBARA NASH

Contributor address; City; State; Zip Code

705 VIEWSIDE CIR.  
ARL., TX 76011

100.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

4/1/15

ED + GRACE McDERMOTT

Contributor address; City; State; Zip Code

2114 FRANKLIN DR.  
ARL., TX 76011

300.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

4/7/15

TSR MURUGAN

Contributor address; City; State; Zip Code

5792 FOREST HIGHLANDS DR.  
FT WORTH, TX 76132

1,000.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#:

Amount of  
contribution (\$)

In-kind contribution  
description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

2/26/15

CLAY KELLEY

6 Contributor address; City; State; Zip Code

1300 CANTERBURY  
ARL, TX 76013

100.00

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

3/6/15

LORRIE WILSON

Contributor address; City; State; Zip Code

7004 LEMON  
ARL, TX 76005

200.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

4/1

SCOTT SAXTON

Contributor address; City; State; Zip Code

1709 REVEN  
ARL, TX 76013

20.00

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date	<b>5</b> Payee name
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<b>6</b> Amount (\$)	<b>7</b> Payee address; City; State; Zip Code
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-4-15</b>	Payee name <b>MURPHY NASICA ASSOC.</b>
Amount (\$) <b>13,366.08</b>	Payee address; City; State; Zip Code <b>815A BRAZOS, STE. 304 AUSTIN, TX 78701</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>GRASSROOTS</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	---	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>2-23-15</b>	Payee name <b>MURPHY NASICA ASSOC</b>
Amount (\$) <b>4,894.52</b>	Payee address; City; State; Zip Code <b>SAME</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>YARD SIGNS</b>	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>3-12-15</b>	Payee name <b>MURPHY NASICA ASSOC.</b>
Amount (\$) <b>\$9,745.19</b>	Payee address; City; State; Zip Code <b>SAME</b>

PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



## POLITICAL EXPENDITURES

## SCHEDULE F

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3-18-15</b>	Payee name <b>MURPHY NASICA ASSOC.</b>	
Amount (\$) <b>26,745.51</b>	Payee address; City; State; Zip Code <b>SAME</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3-18-15</b>	Payee name <b>D. FERNANDEZ ASSOC.</b>	
Amount (\$) <b>2250.00</b>	Payee address; City; State; Zip Code <b>2823 QUAIL LANE ARL, TX 76016</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>3-15</b>	Payee name <b>MURPHY NASICA ASSOC</b>	
Amount (\$) <b>2,500.00</b>	Payee address; City; State; Zip Code <b>SAME</b>	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>CLICK PHOTO SHOOT</b>	Description (If travel outside of Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		